

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		CAX000038034		A. State Manifest Document Number		
F.M. THOMAS 231 Gemini, Brea, Ca				84345333		
4. Generator's Phone (714) 738-1062		6. US EPA ID Number		B. State Generator's ID		
5. Transporter 1 Company Name		CAX000038034		CAX000038034		
F.M. THOMAS		8. US EPA ID Number		C. State Transporter's ID		
7. Transporter 2 Company Name				D. Transporter's Phone		714 738-1062
		10. US EPA ID Number		E. State Transporter's ID		
9. Designated Facility Name and Site Address				F. Transporter's Phone		
OMEGA RECOVERY SERVICES 12504 E. Whittier Blvd. Whittier, ca. 90602		CAD042245001		G. State Facility's ID		
				H. Facility's Phone		213/698-0991
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189 (R211)		No. Type		500	P	211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
		R01				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name		Signature		Date		
X MIKE RALEIGH		Mike Raleigh		Month Day Year 10/4/17/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
X MIKE RALEIGH		Mike Raleigh		Month Day Year 10/4/17/86		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
				Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Date		
N. JAY Solomon		N. Jay Solomon		Month Day Year 10/4/17/86		